



ROUND 2 APPLICATIONS



COUNTY OF MADERA/MCEDC Small Business Pandemic Assistance Grant

<p><u>Grant Amount</u> \$5,000 for up to 20 full-time employees \$10,000 for 21-50 Full-time employees</p>	<p><u>Credit Report:</u> No minimum credit score required but credit history will be reviewed.</p>	<p><u>Eligible Uses:</u> Working capital (Operating Expenses). <u>If awarded, grant funds must be spent by 12/30/2020 and receipts kept on file for 5 years.</u></p>	<p><u>Geography:</u> County of Madera (Countywide, including City of Chowchilla and City of Madera)</p>
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Grant Program Guidelines:

- 1) Eligible applicants include **for-profit** businesses that are physically located and operating within the County of Madera, **including** the Cities of Chowchilla and Madera, with a demonstrated economic need and negative impact by COVID-19. Self-employed and home based businesses **are** eligible (**see exclusions list on next page**).
- 2) In general, **non-profit** organizations are not eligible for grant funding. However, **non-profit organizations may be eligible** if able to clearly demonstrate that the COVID-19 Revenue loss being experienced is the result of a decrease in business revenues through decrease or stoppage of services or sales of goods and not through a reduction in government funding. Business revenues include, but are not limited to: entertainment ticket sales, retail and food operations, lodging/accommodations, live performances and other professional services (**See exclusions list on next page**).
- 3) Grants funds will be limited to one (1) grant per entity.
- 4) Applicants must have fifty (50) full time employees or less. Self-employed business owners are eligible.
- 5) Applicants that have been approved or have received disaster relief grant funding such as Paycheck Protection Program or any other CARES Act funded business assistance program, must demonstrate that their experienced losses exceed the amount of assistance already approved or received. Applicants that received prior disaster relief funding must also provide verification of the amount of assistance previously received.
- 6) Applicant must demonstrate the economic impact COVID-19 has had on the business operations. It is preferred that an applicant submit copies of their profit and loss statement (P&L statement) covering the period from July 1, 2019 through June 30, 2020 (If business is seasonal, include the appropriate time periods that would demonstrate COVID-19 impact). In absence of P&L statements, a signed

statement describing in detail how COVID-19 impacted the business will need to be completed. **If submitting a signed statement in lieu of P&L statements:** the statement must clearly quantify business activity before and after health orders were implemented for COVID-19 and must cover the period from July 1, 2019 through June 30, 2020 (If business is seasonal, include the appropriate time periods that would demonstrate COVID-19 impact). Examples of this could include monthly gross revenues, sales, clients, etc. Signed statements must include data tables or similar detailed data formats that demonstrate business revenue losses. The figures presented must demonstrate a clear business loss due to COVID-19. The MCEDC and County of Madera may request additional information to validate or verify information provided.

7) Selected applicants will be required to provide a W9.

The following businesses or organizations are not eligible for this grant opportunity

1. Religious organizations or religiously affiliated groups.
2. Businesses where county staff and board of supervisors or their spouses, domestic partners or dependents hold a financial stake
3. Newspaper, television, radio and other media services
4. Gambling establishments
5. Local outlets of national chains unless privately and locally owned and operated
6. Businesses that are not in compliance or plan to not be in compliance with existing and future gubernatorial executive orders and state and local health officer orders



COVID-19 Small Business Grant Program APPLICATION

All applications must be emailed to info@maderacountyedc.com

* For County Supervisor District information please see

<https://gis.maderacounty.com/portal/apps/webappviewer/index.html?id=6f052c128f524f0a90ed280e1a248d58>

1. APPLICANT INFORMATION

Business Legal Name:		Employer/Tax ID #:	
Industry Type (Circle all that apply): <input type="checkbox"/> Food/Beverage <input type="checkbox"/> Accommodation <input type="checkbox"/> Travel/Tourism <input type="checkbox"/> Entertainment <input type="checkbox"/> Manufacturing <input type="checkbox"/> Agriculture <input type="checkbox"/> Retail <input type="checkbox"/> Other			
Business Address:		City:	Zip:
Mailing Address (if different):		City:	Zip:
Phone/Cell:		Business Email:	
Referral Source:			
<input type="checkbox"/> Social Media		<input type="checkbox"/> Word of Mouth	
<input type="checkbox"/> Website		<input type="checkbox"/> Other	
Business License Number:		Expiration Date:	
For Profit Business: YES NO		# of Employees (as of March 15, 2020): <input type="checkbox"/> FT <input type="checkbox"/> PT	
Year Business Established In Madera County:		County Supervisor District*:	
<i>All owners with >20% ownership must apply. Individual credit report will be checked.</i>			
Owner Name:		SSN/ITIN:	DOB:
Title:	% Ownership:	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
Owner Name:		SSN/ITIN:	DOB:
Title:	% Ownership:	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
Owner Name:		SSN/ITIN:	DOB:
Title:	% Ownership:	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
Owner Name:		SSN/ITIN:	DOB:
Title:	% Ownership:	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	

2. BUSINESS INFORMATION

- A. Have you been approved for or received any disaster relief grant funding?
- Yes, explain in attached signed statement (see Item 5 of Grant Program Guidelines)
- No
- B. Have you been approved for or received a Paycheck Protection Program Loan or received any other business assistance provided for by the CARES Act?
- Yes, explain in attached signed statement (see Item 5 of Grant Program Guidelines)
- No
- C. Does the business have any unpaid local, state, federal tax liens or judgments?
- Yes, explain in attached signed statement
- No
- D. Has business owner(s) filed for bankruptcy in the last 3 years?
- Yes, explain in attached signed statement
- No

3. Use of Funds:

Working Capital: <i>(rent, payroll, utilities or other operating expenses)</i>	Grant Amount: \$5,000 - \$10,000
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4. ADDITIONAL QUESTIONS

- A. Has your business been negatively impacted (or closed completely) as a result of the COVID-19 public health emergency?
- Yes
- No
- B. Has your business been partially closed as a result of the COVID-19 public health emergency?
- Yes
- No
- C. Has your business closed voluntarily to promote social distancing measures as a result of the COVID-19 public health emergency?
- Yes
- No

5. REQUIRED DOCUMENTS

- A. Completed Application
- B. Business Verification Documents:
- Current Business License. Applicants without a current valid business license will be required to complete an application with the appropriate local entity (City or County). Applicant must provide evidence of application or renewal prior to grant award.
 - Completed W9
 - 1 year of Business Federal Tax Returns **OR**
 - Business License reflecting a date prior to March 15, 2019 **OR**
 - Fictitious Business Name Statement filed prior to March 15, 2019
- C. Additional Documents:
- Profit & Loss Statements for the period covering July 1, 2019 through June 30, 2020 (or applicable time period if a seasonal business, as described in Item 6 of the grant guidelines, **OR**
 - A detailed written and signed statement showing how the business has been negatively impacted by COVID-19. This statement must be accompanied by data tables or similar detailed data formats demonstrating the dollar figure losses over the applicable time period identified in Item 6 of the grant guidelines. Non-profit applicants must clearly demonstrate revenue losses are a result of business revenue loss or fund raising revenue loss due to COVID-19 and not related to loss of government grant funding. Statements must include quantified revenues losses in dollar figures. Refer to the "Grant Program Guidelines" on pages 1 and 2 for the minimum information required for this statement.
 - For previous recipients of disaster relief grant funding, verification of the amount of assistance previously received and when it was received, **AND** a detailed written and signed statement quantifying how the previous disaster relief funding was not sufficient to offset COVID-19 related losses.

6. CERTIFICATION

To the best of my knowledge and belief, I certify: The information in this application is correct and complete.

I authorize Madera County Economic Development Commission (MCEDC) to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness by running a credit report.

I certify that the grant funds will be used only for the eligible purposes as identified in this application and in compliance with CARES Act requirements and that all funds must be spent by December 30, 2020, and

I have read the list of non-eligible businesses and organizations on page 2 and am certifying that myself or my business do not fall under any of those exclusions.

I authorize MCEDC to request and obtain additional information pertaining to how the grant funds were used to benefit the business six (6) months from the date of receipt **AND** I understand that individual applications will be randomly selected for a detailed audit on the accuracy of information presented in this application.

I hereby grant permission to MCEDC its programs, and partners the right to use my name, business name, location, photograph, video, audio, and/or written testimonials.

I certify that the business is in compliance with all existing state and local health officer orders and gubernatorial Executive Orders pertaining to the COVID-19 emergency and will comply with any future state, local or gubernatorial orders pertaining to the COVID-19 emergency.

I understand that the media will be utilized in MCEDC marketing and promotional items, included but not limited to its website, newsletter, press releases, social media, and other mediums of communication.

I declare under penalty of perjury, that the foregoing is true and correct.

Applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date:
Co-Applicant's Name:	Title:
Signature:	Date: